

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

12134

45733

STATE FILE NUMBER

| | | | | | |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> , Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | c. CITY OR TOWN <u>St. Louis</u> , Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> , Length of stay in lb | | | d. STREET (If outside, give location) ADDRESS <u>4313a Minnesota Ave.</u> , Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Daniel</u> , Middle <u>J.</u> , Last <u>Curran</u> , | | | 4. DATE OF DEATH Month <u>December</u> , Day <u>15</u> , Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 19, 1902</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>55</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Local 430 Misc. Hotel Workers</u> | | 11. BIRTHPLACE (City and state or country) <u>Atlanta, Georgia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13. FATHER'S NAME <u>Daniel J. Curran</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Delia McGuire</u> | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | |
| 16. SOCIAL SECURITY NO. | | | 17. INFORMANT Address <u>Mrs. Helen Curran, 4313a Minnesota Ave.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>420.0 H</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Rt Hemisectomy for Carcinoma 12-9-57</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour <u>1:45</u> , a. m. <u>P.M.</u> , Month, Day, Year | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>Dec 2, 57</u> , to <u>Dec 15</u> and last saw her <u>alive</u> on <u>Dec 15</u> Death occurred at <u>1:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John E. Shaner M.D.</u> | | | 22b. ADDRESS <u>3720 Washington</u> | | |
| 22c. DATE SIGNED <u>12-17-57</u> | | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | |
| 23b. DATE <u>12/18/57</u> | | | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | |
| 23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u> | | | 23e. (State) | | |
| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> , ADDRESS <u>2842 Meramec St., St. Louis, 18, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>DEC 17 57</u> | | |
| 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | | 26. REGISTRAR'S SIGNATURE <u>m & s.</u> | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4249

2842 Meramec

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.